APPLICATION FOR A NEW SPECIAL LICENSE PLATE CATEGORY

NAME OF ORGANIZATION:NAME OF CONTACT PERSON:				
ADDRESS OF CONTACT PERSON:PHONE NUMBER(S): ()				
		Applica	ation Process:	
. FORM MVR-27PP-A MUST BE SUBMIT YEAR. THIS SHOULD INCLUDE THE ALAPPROVAL. 2. IF THE PLATE IS NOT AUTHORIZED BY ORGANIZATION.	DDITIONAL I	PROPOSE	D FEE FOR THE PLATE TO	BE CONSIDERED FOR LEGISLATIVE
PLEASE REMIT THE SPECIAL FEE MA ORDER WITH THIS APPLICATION. IF THERE IS AN ADDITIONAL \$30,00 FEE	YOU CHOO			
ANY REFUND REQUESTS MADE BY POTOR LEGAL ENTITY SEEKING THE PLATE			S IS THE RESPONSIBILITY	OF THE PERSON, ORGANIZATION,
STANDARD SPECIAL PLATE:	\$		FIRST	IN FLIGHT BACKGROUND
PERSONALIZED FEE:	\$		FIRST	IN FREEDOM BACKGROUND
TOTAL FEES REMITTED:	\$			
			SELECTION IS NOT AVAIL with certificate of title)	ABLE:
(H) AREA CODE-TELEPHONE NUMBER		FIRST	MIDDLE	LAST
(C) AREA CODE-TELEPHONE NUMBER		ADDRESS		
NC PLATE NUMBER		CITY	STATE	ZIP CODE
DRIVER LICENSE #	YEAR	MODEL	MAKE BODY STYLE	VEHICLE IDENTIFICATION NUMBER
	Owner's (Certificati	on of Liability Insurance	
			IATTIIIAVE EINANCIAL DI	ECDONCIDII ITY AC DEOLIDED DVI AW
I CERTIFY FOR THE MOTOR VEHICLE I	DESCRIBED A	BOVE TE	IAT I HAVE FINANCIAL KI	ESPONSIBILITY AS REQUIRED BY LAW.
I CERTIFY FOR THE MOTOR VEHICLE DEPRINT OR TYPE FULL NAME				
		ICE COM		